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MEMORANDUM

TO: Social Services Staff
Regional Directors
County Directors
Regional Adoption Coordinators

FROM: Mark A. Washington, Assistant Commissioner
Division of Family and Children Services & Office of Child Support Services

SUBJECT: **Practice Overview: Individualized Case Planning**

DATE: August 31, 2009

Periodically, I want to share with you key elements of Family Centered Practice and values that support it as part of the DFCS vision.

Individualized Planning and Relevant Services

Case planning is neither a separate process from assessment nor an exclusive activity of DFCS. Everyone providing support (formal and informal) to the family must be included in the case planning process and should be identified as a member of the family team. DFCS must engage the family in understanding how to build a robust family team which includes; the family (which must include alleged and legal fathers unless there is a safety concern), maternal and paternal extended family, providers, school, CASA, DFCS, therapist and any other individual identified by the family as a source of support that they wish to include in their family team meeting. Successful plans require that the family and youth identify their individual needs and commit to engaging in services to address them.

The Family Case Plan is developed by the family during a Family Team Meeting (FTM). The Family Case Plan identifies family supports (formal or informal), needed services and goals/steps developed by the family to address their identified needs. The families' goals must be behaviorally specific, realistic, time-limited and measurable. The family must clearly understand and agree upon the goals and steps. In order to be responsive to a family's emerging needs, family case planning must be a dynamic, evolving process which is continuously reviewed and updated. DFCS must engage with the family to review the status of the child and family throughout the life of the case. This review incorporates an assessment of the families' progress toward completion of their service plan and assurances that the plan continues to maintains relevance, integrity, and appropriateness. Lastly, case planning with the family must include an exit strategy which outlines concrete ways for the family to sustain success beyond the Division's intervention.

Family Team Meetings

1. At the initial FTM, which must be held within 3-9 days of a child entering care, DFCS will build rapport and set the tone for our working relationship with the family. During this meeting DFCS will:
   - ✓ Explain the case planning process.
   - ✓ Ensure that the family knows what will happen and when.
   - ✓ Help the family understand the importance of their participation.
   - ✓ Explain the process of assessing family strengths and needs.
   - ✓ Describe the process of setting goals and action steps.
   - ✓ Listen to the family's concerns and barriers to achieving outcomes.
   - ✓ Assist the family in identifying their support.
   - ✓ Empower the family to make decision regarding needed services by identifying; goals, steps and providers who can meet their needs.
2. Build upon the information gained through the assessment process and information provided by the family. Facilitate an open and honest discussion regarding the issues that brought the family to the agency's attention:
   - ✓ Allow the family to share their understanding of why the Department is involved in their lives.
   - ✓ Address issues of concern that the assessment worker may not have addressed.
   - ✓ Address areas in which change is necessary to provide for the safety, well-being, and permanency of the child.[1]

Individualized Service Planning

Day-to-day practice with families and planning for children and youth includes but is not limited to the following:

1. Service plans divide long-term goals into short-term behaviorally specific objectives that are measurable and achievable.
2. Plans always address children's safety, needs, permanency goals, and ways to enhance their well-being. .
3. Concurrent Planning: A strategy used in working towards reunification while at the same time implementing an alternative permanency plan. This approach is child and family – focused, meant to minimize placement trauma and repetitive moves, while promoting expedient positive permanency outcomes. If a child is placed in out-of-home care, a realistic concurrent permanency goal may be established
4. Services are provided that are connected to identified risk factors, safety concerns or any other service needs that arise or are later identified by the family or DFCS.
5. Progress and planning reviews are essential and are conducted with the family and the family's team members on a frequent and consistent basis in order to achieve best results.
6. A permanency goal of "another planned permanent living arrangement" should not be used for any child under the age of 16 and only after other more permanent goals have been actively pursued and appropriately ruled out.
7. All youth, aged 14 and older have been informed, verbally and in writing, of the educational, training, housing, and other transitional supports. DFCS must ensure that appropriate and timely referrals are completed.
8. All youth are encouraged and provided the opportunity to complete high school and given opportunities to learn a trade or apply to college.

[1] Adapted from the Child Welfare Case Planning Procedures. Title 17, Chapter C (1). Iowa: Iowa Department of Human Services, 2007

9. Children, aged 14 and older, have **Written Transitional Living Plans** that include connections to a caring adult, services, and supports to help the youth live safely and function successfully as adults.

The attached Risk Assessment policy is being released prior to the investigations chapter as a support to individualized service planning. Please contact the Practice and Policy unit at pppdUnit@dhr.state.ga.us with any questions.

The way we do our work matters!

For You, For Them

CC: Isabel Blanco, Deputy Director, Field Operations
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Jon Anderson, Director, Office Family Independence

	Division of Family and Children Services **Child Welfare Manual**	**Chapter: 4** **Investigation** **Effective Date:** **September 1, 2009**
		Previous Policy #: **2104.27**

Risk Assessment

POLICY NUMBER:

CODES

REQUIREMENT

The Division of Family and Children (DFCS) will assess, at the first point of contact with the alleged victim and the caretaker, the risk[1] of harm in the foreseeable[2] future of all children assigned for assessment (investigation) or family support assessment.

The Assessor will not complete a risk assessment in the assessment (investigation) phase of GA SHINES when:

1. The family moved and could not be located before the SSCM could conclude whether abuse or neglect occurred or risk was present in the home.
2. The family has one child, and that child has died.
3. The allegation is for medical neglect or a child death and the alleged perpetrator is not a parent/guardian/custodian or household member.
4. The alleged perpetrator is a:
    a. A day care provider,
    b. School employee,
    c. An agency standing *in loco parentis*, or
    d. Foster Parents.

DFCS SSCM will complete all parts of the risk assessments; the risk assessment form and structured narrative, in Georgia SHINES prior to closure.

The DFCS Social Services Supervisor (SSS) must review and approve or disapprove the risk assessment in GA Shines:

1. **Within five workdays of receipt** on substantiated and risk indicated cases.
2. **Within ten workdays of receipt** on cases that will not be opened for services upon conclusion of the assessment.

[1] Risk is the chance/prospect or likelihood that the child will be maltreated in the foreseeable future. Risk in the foreseeable future looks at risk of harm that you can reasonably determine/predict will occur if actions are not taken to protect the child.

[2] The foreseeable future is the next several days or weeks.

The first day of this time period is the day after the SSCM submits the completed assessment for approval.

The DFCS SSCM will seek supervisory consultation when there is concern about the child's immediate safety or risk of abuse or neglect.

The DFCS SSCM must evaluate the severity[3] of the possible maltreatment, immediacy[4] of risk to the child and the family's protective capacities to control the immediate risk to the children's safety.

The DFCS foster care SSCM, prior to reunification with the caretaker, is responsible for completing a risk assessment form. FCCM at every contact with a child and family must assess risk.

The DFCS SSCM must answer all questions corresponding to the factors checked on the risk assessment tool (and accompanying narrative) to support the levels of concern documented on the risk assessment tool and in the case conclusion section of the structured narrative.

The DFCS SSCM will utilize the risk assessment results to assist the family in identifying services, when the children are assessed to be at risk and specific risk factors are documented to be at least; somewhat, considerable or extreme[5].

PROCEDURE

To assess safety of children, the SSCM must:

1. Thoroughly review all information gathered during the assessment to identify risk factors and guide the assessment decision. That includes reviewing: interviews with:
    a. All children.
    a. Caregivers.
    b. Alleged perpetrator.
    c. Collateral contacts.
2. Evaluate each area of concern by answering the specific risk question. The areas of concern include:
    a. **Child Vulnerability -** includes the interactions between child fragility and available protection, and includes caretaker reaction to child behavior;
    b. **Caregiver Capability -** includes the caregiver's knowledge/skills, control, and functioning;
    c. **Quality of Care -** includes the qualities of emotional and physical care of the children;
    d. **Maltreatment -** includes current severity, chronicity, and trend of incidents;
    e. **Home Environment -** includes stressors and dangerous exposures in the home;

[3] What is likely to happen if there is no change to the child situation and how severe the harm would be if the child was victimized in the future.
[4] Is the child likely to be harmed in the next 48 hours..
[5] The SSCM may work with the family to identify services to address any risk level.

f. **Social Environment -** includes social climate and social violence issues present in the home; and

g. **Response to Intervention -** includes the caregiver's attitude about the alleged abuse and neglect, and possible deception issues relating to abuse and neglect.

When answering the questions within each area of concern decide whether risk factors were met *at any time* during the investigation, or *at any time* in the family's history for history-related questions. When answering the risk questions:

a. Answer "Yes" if:
    i. The conditions identified in the factor were present in the home at any time during the assessment (investigation). For example, if the alleged perpetrator was present in the home at the onset of the assessment (investigation) however left during the assessment (investigation), the case manager must answer "Yes" to the factor, "Does any alleged perpetrator, child or adult, have access to any children in the family?"
    ii. The history inquired about in a factor occurred at any point in the past or during the current investigation (or within the time period indicated in the factor). For example, if the parent had a history of drug abuse in the past but no longer takes drugs, the case manager must answer, "Yes" to the factor, "Does any caregiver have a history of drug or alcohol abuse?"
b. Answer "No" if the conditions identified in the factor were not present at any point of time during the current investigation, or, for history-related questions, during the family's history.
c. Answer "Unknown" if the information about the factor was unable to be obtained or sufficient information was not acquired to answer "yes" or "no".

3. Enter an overall justification for the each level of concern for the family and the identified children. Complete the justification narrative, which must address specifics related to the risk factors, and clarify/ tie together the factors in each area of concern. In the event that one factor significantly impacts the overall rating for a specific area of concern the worker must explain how and why this factor affects the scaling for the entire category. **The SSCM must also document evidence that supports risk findings of "none".**
4. Evaluate the information gathered and decide upon an overall assessment of the risk. Based upon the answer to questions in each area of concern document the highest degree of concern for each area. Degrees of concern on this scale are:
    a. None.
    b. Very little.
    c. Somewhat.
    d. Considerable, or
    e. Extreme.

    Case managers must consider the highest degree of concern that occurred *at any time* during the assessment (investigation) in their analyses.
5. Complete an assessment of the family's strengths in the structured narrative

portion of the risk assessment. The identified family strengths must be utilized as anchors to assist in abating identified risks.

6. Determine whether there is a reasonable likelihood that the children in the home will be abused or neglected in the foreseeable future **if** Child Protective Services (CPS) does not continue to be involved with the family.
    a. Document that the children are either;"
        i. At risk/Risk Indicated
            1. Risk factors are present in the family's current situation or history; and
            2. The family appears unable or unwilling to utilize family and community resources to ensure the safety of the child in the foreseeable future after the investigation without CPS assistance.
            3. The case must be kept open if it appears the children are **at risk** from abuse or neglect in the next few days or weeks.
        ii. Not at risk/No significant risk factors
            1. No risk factors were indentified in the family's current situation or history.
            2. Recommend closure of the assessment after referring the family to needed community services. Document the services referrals and the family's responses in the case conclusion on the Structured Narrative.

        NOTE: If "Yes" is the answer to any of the risk factor questions on the risk assessment tool, or if the overall disposition for the assessment (investigation) was "substantiated", it would rarely be appropriate to conclude that there are no significant risk factors in the family. Rather, the risk finding should be "Risk Factors Controlled."
        iii. Risk Factors are Controlled
            1. Identified risk factors in the family's current situation or history are controlled through the use of services, interventions, or resources other than CPS.
            2. The family is adequately managing risk conditions at the end of the assessment so that the children are conditionally safe
            3. The family is willing and able to manage the risk conditions to ensure the continued safety of children.
            NOTE: If the family agreed to take certain actions in a past case but **did not** follow through after case closure, the case manager must be cautious about determining that the family will be able to follow through this time. This caution is especially true when safety was dependent on separation of the maltreating parent and the victim in the past case, but the non-abusive parent was not able to enforce continued separation as long as needed. Three of the protective interventions aimed at separating the abusive parent and the victim, are as follows:

a. The abusive parent leaves the home voluntarily or when court-ordered.
b. The non-abusive parent moves to a safe environment with the child.
c. The parents voluntarily place the child out of the home.

4. When the risk finding is “risk factors controlled”, the case manager must document in the structured narrative portion of the risk assessment how and why any significant risk factors are believed to be controlled.
5. At the end of the current assessment (investigation), the case manager must conclude that risk is controlled by the use of the above interventions unless the non-abusive parent has not made realistic, sufficient, and permanent arrangements for the children to be safe in the future or otherwise demonstrated the willingness and ability to keep the child separated from the abusive parent as long as needed to provide for the child’s long-term safety.

If the SSCM documents that the children are at risk and will likely be maltreated in the foreseeable future, the SSCM must:

1. Determine whether the children are safe from abuse or neglect in the next few days or weeks.
2. If the children are not safe in the immediate future, the case manager must establish a safety plan that includes safety services or protective interventions to control the immediate risk conditions. Possible protective interventions include:
   a. Determine if the family would like to place the children in a safety resource (see policy x.x Safety Resource).
      i. Work closely with the family to plan for the closing of the safety resource.
      ii. If the child returns home at the end of the safety resource period and the family needs additional supports or services refer the family for Family Preservation Services
   b. Seek to remove the children, if necessary to ensure their safety from serious maltreatment.
3. If the children are presently safe, but are likely to be abused or neglected in the foreseeable future, the SSCM may continue services after the assessment (investigation) to ensure their safety and reduce the risk in the home, or close the case after making referrals for community or other services.
   a. In the event the family refuses services, and the case manager and supervisors believe that interventions are necessary to mitigate risk and ensure the safety of the children, the SAAG is to be consulted and requested to obtain an order for protection.

If the SSCM documents that the child are not at risk and are not likely to be maltreated in the foreseeable future, the SSCM must:

1. Request to close the assessment after staffing with the supervisor and receiving approval to close.

2. The reasons for closure include:
    a. Ongoing services are not appropriate for the family and child.
    b. The family refuses services and legal intervention is not possible or appropriate.
    c. A court orders CPS to close the case.

The SSS must:
1. Staff the assessment and review the assigned risk level. Override the assessed risk level as appropriate (see Practice Guidance)
2. Document all staffing activities in the Log of Contacts of the Structured Narrative. Supervisor completes the standard Supervisory conference guide.

At the initial Family Team Meeting the SSCM must:
1. Review the results of the safety and risk assessments.
2. Utilize the risk assessment results to assist the family in identifying services needed to address identified risk.
3. Allow the caregiver to identify the provider which will most adequately address their needs.

PRACTICE GUIDANCE

Strengths and Needs

Families have both strengths and needs. Strengths are usually positive qualities that help with parenting and other life skills. A need is a behavior or condition that may cause or contribute to risk to a child and is, therefore, an area to be strengthened. The mix of strengths and needs within families vary greatly. Families who come to the attention of CPS often have a disproportionately large number of needs. It is often difficult to identify strengths in families where multiple needs exist; however, it is crucial for the SSCM to pursue the identification of strengths with the family. The identification of strengths within the family, no matter how seemingly insignificant, are the beginning point for rapport building and family planning. They are the building blocks on which any necessary behavioral changes will be made.

Working with a family based on the identified strengths and needs, is the beginning process to helping the family make internal changes that will lead to future protection of children. Identified change becomes the factor that will later help determine a family's readiness for case closure.

Risk Defined

The assessment of risk is a more nebulous concept for SSCMs to grasp. Risk looks at safety threats which are less obvious and which may occur in the foreseeable future. *Foreseeable danger refers to threatening family conditions that are not obvious or active or occurring in your presence but are out of control and likely to have a severe effect on a child in the near future.*[2] Foreseeable danger can be elusive. To uncover and understand foreseeable danger you must develop a deeper familiarity with a family. To effectively assess foreseeable danger you must inquire into pertinent areas of family life

and do so in an abundant fashion with due respect for the constraints and realities of CPS work. Action for Child Protection: The Foundation of Safety Assessment, April 2003).[6]

Overriding the Risk Assessment

At the completion of the assessment, the SSCM and SSS must staff the assessment result and review the assessed risk level. Based on information gained during the assessment and knowledge about family history, a decision is made of whether a higher response level is required. The SSS is responsible for approving the use of an override that will move the case into a higher risk category. The SSS's signature on the Risk Assessment Scale indicates approval of the risk assessment and the level of contact needed.

The following situations require an override to High Risk:

1. Sexual abuse cases where the alleged perpetrator is likely to have access to a child victim;
2. Cases with non-accidental physical injury to an infant or physical injury or threat of physical injury to a child with a disability;
3. Non-accidental physical injury that requires hospitalization or medical treatment;
4. Cases with medical documentation of abuse
5. Cases with non-accidental injury to a child age four and younger;
6. Death (previous or current) of a sibling as a result of abuse or neglect.

When aware of additional information that is not captured by the Risk Assessment it may be necessary to select an override for the purpose of assigning a higher risk category. An example is a situation where a mother allows an unrelated male, often a boyfriend and often unemployed, to care for young children. Current trends in Georgia child fatality cases identify these persons as often responsible for serious injury to a child, or even a child's death. There may also be circumstances that will allow an override to a lower category, such as when answers to certain questions on the risk assessment will never change.

REFERENCES

Web links

1. Action for Child Protection Article: The Foundations of Safety Assessments
   http://www.actionchildprotection.org/archive/article0403.htm

[6] Action for Child Protection, The Foundation of Safety Assessments.. Retrieved February 5, 2009, from http://www.actionchildprotection.org/archieve/article0403.htm